## 618000031276

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	- #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			·		
CHDI	HKK Truck	sing , LLC				
SUBJECT: Name of Limited Liability Company						
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		Shirley Noriega				
			Name of Person			
		HKK Trucking, LLC				
			Firm/Company	•		
		5586 Los Palma vista dr				
			Address			
		orlando, FL 32837				
			City/State and Zip Code			
		ShirleyNoriega29@gmail.c	om to be used for future annual report notifi	cation)		
E 6			•	canony		
		oncerning this matter, please ca	aii:			
Shirley Noriega 407 965-7521 at ()						
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	ne following amount:		•		
<b>■</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000031276</u>	were filed on 02/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		5 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	208
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	nddraec
	Liner Fronta Sireer	
<del></del>	Cirv	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

• MGR = Manager • AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Shirley Noriega	5586 Los Palma Vista dr	
	•	Orlando, FL 32837	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
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(If an e <u>Note:</u>	tive date, if other than the date of filing:	5.0207 (3 ed as th	)(b) e
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:	
Dated			
	Signature of amomber or authorized representative of a member		
	ChiMay XISCIECO		
	Typed or printed name of signee		

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Filing Fee: \$25.00